

BURGLARY CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

1. DETAILS OF THE INSURED/ CLAIMANT.

Name of the Insured: _____

Address: _____

City _____ State _____ Pin No: _____

Contact Number _____ Email Id: _____

2. DETAILS OF LOSS/ACCIDENT:

| | | |
|----|--|--|
| 1 | Date & Time of Occurrence | |
| 2 | When the loss was discovered and by whom | |
| 3 | Brief description of the accident/loss: Describe the circumstances of loss how the entry in to the premises was effected | |
| 4 | State the evidence of forcible entry/exit from the premises | |
| 5 | Details of police complaint and date & time or reporting to Police. Provide the FIR Number and Police station details | |
| 6 | Give the details of suspects, If any | |
| 7 | Did the police authorities detain any one? If yes please provide the details | |
| 8 | Provide the details of the security arrangements for the premises affected like Burglary Alarm, camera and armed guard etc | |
| 9 | If guarded by a security person, was the guard armed and whether on duty at the time of incident? | |
| 10 | If installed with alarm or security system, was the same activated during the incident? | |

3. DETAILS OF THE PREMISE WHERE THE LOSS HAS OCCURRED:

| | | |
|----|--|--|
| 1 | State the address of the premises at which the loss occurred. | |
| 2 | Premises occupied as | |
| 3 | Whether the premise was occupied at the time of the Burglary? If not, at what date and time was it last occupied? | |
| 4 | Are you the sole owner of a. The property lost or damaged? b. The Premise | |
| 5 | Are you responsible for repairs of the premise | |
| 6 | What is the total value of the property upon the premises at the time of loss | |
| 7 | Has there been any alteration in the occupation or use of the premises since the policy was taken up? | |
| 8 | Is there any other insurance in force providing cover for this loss or damage? | |
| 9 | Please provide the full details of fire insurance and attach policy copy. | |
| 10 | Have you ever suffered a loss in the past? If yes please provide the details | |
| 11 | Are there any steps taken to prevent a recurrence? If yes please provide details. | |

4. CLAIM DETAILS:

| Sl.No | Property/Item lost/damaged | Amount Insured | Amount claimed |
|-------|----------------------------|----------------|----------------|
| | | | |
| | | | |
| | | | |

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Policy Copy
2. Claim Form duly filled and signed by the insured
3. Police FIR
4. Police Final Report
5. Incident Report
6. Witness Statement
7. Stock Registers
8. Invoices both purchase & sales/ stock transfer details
9. Previous Balance Sheet
10. Other accounts papers
11. Subrogation
12. Indemnity Bond

*The above list is general requirement and if anything specific based on the claim may be advised by the surveyor/Insurer.

DECLARATION

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any future declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Place

Date

Signature of the Insured /Nominee